

<i>SERFF Tracking Number:</i>	<i>UNFG-125819196</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40258</i>
<i>Company Tracking Number:</i>	<i>LIU-119 (10-08)</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>Deferred Annuity App</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: United Life Insurance Company	SERFF Tr Num: UNFG-125819196	State: ArkansasLH
Product Name: Deferred Annuity App	SERFF Status: Closed	State Tr Num: 40258
TOI: A02I Individual Annuities- Deferred Non-Variable		
Sub-TOI: A02I.003 Single Premium	Co Tr Num: LIU-119 (10-08)	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Joanne Young	Disposition Date: 09/19/2008
	Date Submitted: 09/17/2008	Disposition Status: Approved
Implementation Date Requested: 01/01/2008		Implementation Date:
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 09/15/2008
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 09/19/2008	
State Status Changed: 09/19/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are submitting an annuity application for consideration and approval. This application will be used for our individual deferred annuity products. We will be filing a seperate app for our immediate annuity product.

This form to the best of our knowledge, contains no unusual or possibly controversial items from normal company or industry standards. If you have any questions you can call me at 319-286-2620.

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Thank you,
Joanne Young

Company and Contact

Filing Contact Information

Joanne Young, Analyst	jyoung@unitedfiregroup.com
118 2nd Ave SE	(319) 286-2620 [Phone]
Cedar Rapids, IA 52407-3909	(319) 286-2570[FAX]

Filing Company Information

United Life Insurance Company	CoCode: 69973	State of Domicile: Iowa
118 2nd Ave SE	Group Code: 248	Company Type: Life
PO Box 73909		
Cedar Rapids, IA 52407-3909	Group Name: United Fire Group	State ID Number:
(319) 399-5700 ext. [Phone]	FEIN Number: 42-6061188	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	1 app = \$20.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Life Insurance Company	\$20.00	09/17/2008	22555694

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/19/2008	09/19/2008

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Disposition

Disposition Date: 09/19/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application for Deferred Annuity		Yes

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Form Schedule

Lead Form Number: LIU-119 (10-08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LIU-119 (10-08)	Application/ Enrollment Form	Application for Deferred Annuity	Initial			LIU-119 (10-08).pdf

APPLICATION FOR DEFERRED ANNUITY



UNITED LIFE INSURANCE COMPANY
PO Box 73909 Cedar Rapids, IA 52407
1-800-637-6318 FAX 888-726-9736

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

1. ANNUITANT

Name (last, first, middle) _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Date of Birth _____ Age _____ Male _____ Female _____
Social Security Number _____ U.S. Citizen? Yes _____ No _____

2. JOINT ANNUITANT (Not available for qualified plans)

Name (last, first, middle) _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Date of Birth _____ Age _____ Male _____ Female _____
Social Security Number _____ U.S. Citizen? Yes _____ No _____

3. OWNER (if other than Annuitant)

Name (last, first, middle) _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Date of Birth _____ Age _____ Male _____ Female _____
Social Security Number _____ U.S. Citizen? Yes _____ No _____
Owner's Beneficiary _____ Relationship _____ SS# _____

4. JOINT OWNER (Not available for qualified plans)

Name (last, first, middle) _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Date of Birth _____ Age _____ Male _____ Female _____
Social Security Number _____ U.S. Citizen? Yes _____ No _____
Joint Owner's Beneficiary _____ Relationship _____ SS# _____
JOINT OWNERSHIP IS TO BE Joint Tenancy with the right of survivorship ☐ or Tenants in Common ☐
OWNERSHIP WILL BE **JOINT TENANTS** IF NO SELECTION IS MADE

5. ANNUITANT BENEFICIARY DESIGNATION (Designation will be Revocable and Per Stirpes if not indicated.)

PER STIRPES—If a named beneficiary dies before the annuitant, proceeds will be paid to the surviving direct descendants of that beneficiary.

PER CAPITA—If named beneficiary dies before the annuitant, proceeds that would have been paid to that beneficiary will be divided equally among the other surviving named beneficiaries of that same class.

Primary Per Stirpes _____ Per Capita _____

Name _____ Relationship _____ SS# _____

Name _____ Relationship _____ SS# _____

Contingent Per Stirpes _____ Per Capita _____

Name _____ Relationship _____ SS# _____

Name _____ Relationship _____ SS# _____

6. CONTRACT TYPE Premium Amount \$ _____ Policy to be dated _____
____ SPD A 6 _____ SPD A 5 _____ Other SPD A _____ year
____ Flexible Premium
Billing mode: Annual _____ Semi-Annual _____ Quarterly _____ Monthly _____ EFT _____
Address for billings _____
Date of first notice _____
For EFT please submit a voided check.

PLAN _____ **Nonqualified**
_____ **Qualified** IRA _____ Roth IRA _____ SEP _____ SIMPLE _____ OTHER _____

If qualified, for which year is premium paid? _____

Are there any existing life insurance or annuity contracts on the life of the annuitant(s)? _____ Yes _____ No

If 'yes', complete the Replacement form and submit it with this application.

7. PAYOUT INSTRUCTIONS

Do you want to receive payouts on a regular basis? Yes ___ No ___ Interest only? Yes ___ or Amount \$ _____

Monthly _____ Quarterly _____ Semi-annual _____ Annual _____ (Note: Minimum payout is \$50.00)

Is payout to be Required Minimum Distribution? Yes _____ No _____ (For qualified plans and Annuitants age 70½.)

For automatic deposit of the payout please submit a voided check.

SPECIAL INSTRUCTIONS

The undersigned(s) declare and agree that the statements and answers in this application are complete and true to the best of their knowledge and belief and that this application shall form the basis of any annuity contract issued in connection with such application. Evidence of age must be furnished before commencement of annuity payments.

City and State where signed _____

Owner's signature _____ **Date** _____

Joint Owner's signature (if applicable) _____ **Date** _____

If owner is a Trust, please submit a copy of the Trust document and if the Trust is over two years old, submit an affidavit of validity. If Power of Attorney is signing, please submit POA document. If POA is in effect over two years, submit an affidavit of validity.

I the agent, certify that I have used only insurer-approved or provided sales material. I also certify that I have left a copy of all sales material, replacement forms and disclosures with the applicant.

Are there any existing life insurance or annuity contracts on the life of the annuitant(s)? _____ Yes _____ No

If 'yes', complete the Replacement form and submit it with this application.

Agent's printed name _____ Agency Name _____

Agent's signature _____ Agency Number _____

Date _____

Taxpayer Identification Number (TIN) Enter owner's TIN in the appropriate box. For individuals, this is the social security number (SSN). For other entities, it is the Employer Identification Number (EIN).

Social Security Number	or	Employer Identification Number
<div></div>		<div></div>

- Certification**—Under penalties of perjury, I (the owner) certify that:
- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
 - 2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding.
 - 3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions—You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on you tax return. For real estate transactions item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

X	Sign Here	U.S. Owner's Signature	Date	Signed at:
		Joint U.S. Owner's Signature (if applicable)	Date	Signed at:

Please complete the form W-4P below. Failure to do so will result in our withholding for income tax purposes on any future distributions.

Form W-4P Department of the Treasury Internal Revenue Service	Withholding Certificate for Pension or Annuity Payments	OMB No. 1545-0415 20
Type or print your full name		Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		
Complete the following applicable lines:		
1 I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2 or 3.)		▶ <input type="checkbox"/>
2 I want my withholding from each periodic pension or annuity payment to be figured using the number of allowances and marital status shown. (You may also designate an amount on line 3.)		▶ <div></div> (Enter number of allowances)
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate		
3 I want the following additional amount withheld from each pension or annuity payment. NOTE: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.		▶ \$
Owner's signature ▶		Date ▶

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Rate Information

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Supporting Document Schedules

	Review Status:	
Satisfied -Name:	Certification/Notice	09/16/2008
Comments:		
Attachment:		
AR Cert.pdf		


CERTIFICATE OF COMPLIANCE

UNITED LIFE INSURANCE COMPANY

Form number: LIU-119 (10-08) Application for Deferred Annuity

I hereby certify to the best of my knowledge and belief that this filing is in compliance with Arkansas Regulations 19 and 49 and Bulletin 11-88.

Certified by:



Jean Newlin Schnake, Secretary
United Life Insurance Company

9/17/08

Date